

DIRES

Diabetes Information, Referral & Education Specialist Services Training

Registration Form:

Name/Title: _____

Address: _____

Telephone #: () _____

Fax #: () _____

E-mail: _____

Age _____ DOB _____ Nationality _____

Diabetes Multicultural Coalition (DMC)/DIRES Project Training:

- A seven-week(one day a week) training consisting of 12 workshops (2-4 hours each; days, time & place to be announced)
→ FALL of 2003.

Seating is limited, please register today. Classes will begin in the FALL of 2003

Dates, Times & Place TO BE DETERMINED

**** Please MAIL your registration, make sure to include a copy of your High School/GED/TAPE/College diploma****

RETURN THIS REGISTRATION FORM by US Mail to:

Address: Maria M. Matias MSW, Project Coordinator, Rhode Island
Department of Health, Diabetes Control Program Multicultural Coalition,
Room 404, 3 Capitol Hill, Providence RI 02908

Do you have QUESTIONS? Call Maria at (401)222-7623